PAGE 1 / 26

Image# 12963001421

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

COMMITTEE (in full) Cooperative of American Physicians IE Committee ADDRESS (number and street) Check if different than previously reported. (ACC) Cod492116 CC C00492116 CC C00492116 CC C00492116 CC C00492116 CD REPORT (Choose One) (a) Quarterly Report (C1) Los Angeles REPORT (Choose One) (b) Monthly Report (C1) Los Angeles REPORT (Choose One) (c) Monthly Report (Due On: Mar 20 (M2) May 20 (M5) Aug 20 (M8) Mov. 20 (M1) Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Los Angeles REPORT (Choose One) April 15 Quarterly Report (C1) Los Angeles Report Due On: Mar 20 (M2) May 20 (M5) Aug 20 (M8) Mov. 20 (M11) Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Los Angeles Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Los Angeles Report Due On: Mar 20 (M12) Los Angeles Report Due On: Mar 20 (M12) Los Angeles Report (Non-Section Report (C2) Los Due On: Mar 20 (M12) Los Angeles Report Due On: Mar 20 (M12) Report Due On: Mar 20 (M12) Los Counterly Report (C1) Los Counterly Report (C2) Los Due On: Mar 20 (M12) Los Counterly Report (C1) Los Counterly Report (C2) Los Due On: Mar 20 (M12) Report Due On: Mar 20 (M12) Report on the: Counterly Report (C2) Counterly Report (C1) Los Counterly Report (C2) Los Counterly Report (C2) Los Counterly Report (Non-Section Report for the: State of Mar 20 (M12) Report for the: State of CA STATE A ZIP CODE A AMENDED AMENDED Report On (M8) Report Counterly Report (C1) Los Counterly Report (C1) Los Counterly Report (C1) Los Counterly Report (C2) Los Counterly Report (For Other Than An Aut	norized Committee		Office Use Only
ADDRESS (number and street) Check if different than previously reported, (ACC) Check if different than previously reported, (ACC) 2. FEC IDENTIFICATION NUMBER C C00492116 3. IS THIS REPORT (N) OR AMENDED AMENDED AMENDED AMENDED AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (O1) July 15 Quarterly Report (O1) July 15 Quarterly Report (O2) October 15 Quarterly Report (O3) January 31 Veu-Find Report (VE) July 31 Mic-Year Report (Non-election on Report for the: In the State of In the State		TYPE OR PRINT ▼		type 12FE4M5	
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4. TYPE OF REPORT (b) Monthly (choose One) (2. FEC IDENTIFICATION N	UMBER ▼ CIT	ΓY▲	STATE ▲	ZIP CODE ▲
(Choose One) (a) Cuarterly Reports: April 15 Cuarterly Report (Q1) July 15 Cuarterly Report (Q2) Cotober 15 Cuarterly Report (VE) July 31 Mid-Year Report (Non-Election Year-Only) (MY) PRE-Election Report (PE) Report (Non-Election Year Only) Report (Non-Election Report (Non-Election Year Only) Report (Non-Election	C C00492116				ENDED
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July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period M M M / D D / Y Y Y Y Y In the Election on Special (12S) Election on M M M / D D / Y Y Y Y In the State of Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period M M M / D D / Y Y Y Y Y In the State of CA Covering Period To critify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kirk Pessner [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. PRE-Election Report (12P) Report (12P) General (12G) Hunoff (12H) Report (12P) Special (12S) Report (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Fect Policy State of CA Type or Print Name of Treasurer Kirk Pessner [Electronically Filed] Date FEC FORM 3X Rev. 12/2004		O1)			
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Report (Non-election Year Only) (MY) Termination Report (TER) Report for the: Election on 11 / 06 / 2012 in the State of CA Social (30S) Report for the: Election on 11 / 06 / 2012 in the State of CA To critify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kirk Pessner Kirk Pessner [Electronically Filed] Date 12 / 06 / 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use		YE) Election		D / Y T Y T Y T	
Election on 11 06 2012 in the State of CA 5. Covering Period 10 18 2012 through 11 26 2012 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kirk Pessner [Electronically Filed] Date 12 06 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	Report (Non-election Year Only) (MY)	POST-Election Report for the:	X General (30G)	Runoff (3	OR) Special (30S)
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kirk Pessner Signature of Treasurer Kirk Pessner [Electronically Filed] Date 12 06 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. FEC FORM 3X Rev. 12/2004					0.4
Type or Print Name of Treasurer Kirk Pessner [Electronically Filed] Date Manual Control of Treasurer Kirk Pessner [Electronically Filed] Date Manual Control of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use Office Use					
Signature of Treasurer Kirk Pessner [Electronically Filed] Date Date M M M 12 06 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	I certify that I have examined th	nis Report and to the best of	my knowledge and believed	ef it is true, correct and	complete.
Signature of Treasurer Kirk Pessner [Electronically Filed] Date 12 06 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	Type or Print Name of Treasure	r Kirk Pessner			
Office Use FEC FORM 3X Rev. 12/2004	Signature of Treasurer Kirk	Pessner	[Electronically Fig.		
Use Use Rev. 12/2004	NOTE: Submission of false, erron	neous, or incomplete informatio	n may subject the person	signing this Report to th	e penalties of 2 U.S.C. §437g.
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	OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
V	/rite or Type Committee Name		
(Cooperative of American Physicians	IE Committee	
R	eport Covering the Period: From: 10	/ 18 / 2012 To:	11 26 2012
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012	[829019.58
	(b) Cash on Hand at Beginning of Reporting Period	965751.08	
	(c) Total Receipts (from Line 19)	22742.87	1503457.55
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	988493.95	2332477.13
7.	Total Disbursements (from Line 31)	855694.98	2199678.16
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132798.97	132798.97
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
	Fo	or further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cooperative of American Physicians IE Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ntributions (other than loans) From:		
Individuals/Persons Other		
Than Political Committees		4400040.04
(i) Itemized (use Schedule A)	1550.00	1480942.81
(ii) Unitomized	21090 00	21090.00
	, 21030.00	
Lines 11(a)(i) and (ii)	22640.00	1502032.81
_	0.00	0.00
	0.00	0.00
	0.00	0.00
	7	0.00
	22640.00	1502032.81
ty Committees	0.00	0.00
Loans Received	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	3.00	
	102.87	1424.74
	7	
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
	2.00	
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schodule H4)		Saistida Tour to Bute
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Federal Strate	7	
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	190052.33	771109.35
(c) Total Operating Expenditures	100050.00	771100 05
(add 21(a)(i), (a)(ii), and (b))▶	190052.33	771109.35
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	665642.65	1379308.81
Coordinated Party Expenditures (2 U.S.C. 8441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	2.00
Loan Repayments Made	0.00	0.00
Loone Mode	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	5.55
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(add Lines 25(a), (b), and (c))	7	
Other Disbursements	0.00	49260.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	7
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
_		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	855694.98	2199678.16
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	855694.98	2199678.16
IIIIII LIIIE 31)	000094.90	21990/0.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22640.00	1502032.81
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22640.00	1502032.81
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	190052.33	771109.35
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	190052.33	771109.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	=	6	OF		26
ı	(check only one)										
	×	11a		11b		11c		12	2		
ı		13		14		15		16	6		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Cooperative of American Physi						
Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address, 333 S Hope St. 8th Floor	Cooperative of American Physicians					
Mailing Address 333 S Hope St 8th Floor	10 20 / 2012					
City Los Angeles	State Zip Code CA 90071	Transaction ID : 11AI-60 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	650.00				
Name of Employer	Occupation	In-Kind: Legal & Accounting Services				
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1502632.81					
Full Name (Last, First, Middle Initial) Cooperative of American Physician Mailing Address 333 S Hope St 8th Floor	S	Date of Receipt				
City	State Zip Code	11 07 2012 Transaction ID : 11AI-59				
Los Angeles	CA 90071	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	900.00				
Name of Employer	Occupation	In-Kind: Legal & Accounting Services				
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1502632.81					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С					
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)		1550.00				
TOTAL This Period (last page this line number	only)	1550.00				

S 17

0											
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 26 (check only one)							
ITEMIZED RECEIPTS			for each category of the								
			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17							
Ai	ny information copied from such Reports and State for commercial purposes, other than using the	atements mand a	I ay not be sold or used by any pool address of any political committee	erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
	Cooperative of American Physic	ians IE (Committee								
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Bank			Date of Receipt							
	Mailing Address 333 S Grand Ave			11 26 2012							
	City	State	Zip Code	Transaction ID : 17-61-O							
	Los Angeles	CA	90071	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		102.87							
	Name of Employer	Occupation	1	Interest Earned							
	Receipt For: 2012 Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		1424.74								
В.	Full Name (Last, First, Middle Initial)			Date of Receipt							
٠.	Mailing Address			M = M / D = D / Y = Y = Y							
	City	State	Zip Code								
	•		·	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer	Occupation	1								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		4 4								
С .	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address			M = M / D = D / Y = Y = Y							
	City	State	Zip Code	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer	Occupation									
	Receipt For:	Angregato	Year-to-Date ▼								
	Primary General	Aggregate	10a1-10-Date ▼	1							
	Other (specify) ▼		7 7								
5	SUBTOTAL of Receipts This Page (optional)			102.87							

TOTAL This Period (last page this line number only).....

102.87

SC	CHEDULE B (FEC Form 3X)	11.		FOR	LINE N	NUMBER: PAGE 8 OF 26						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	_ i `	k only one)							
			Summary Page	<u>×</u>	21b 27	22	23	\perp	24	25 29	26	
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	NAME OF COMMITTEE (In Full)		, p=									
$ \rangle$	Cooperative of American Physician	s IE Co	mmittee									
\angle	Full Name (Last, First, Middle Initial)											
A.	Cooperative of American Physician	S				Date of	f Disbur	seme	nt			
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	Mailing Address 333 S Hope St 8th Floor					10		20		2012		
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	Los Angeles	CA	90071			Trans	action I	ID : 21	IB-60-N			
	Purpose of Disbursement				\neg						_	
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	Candidate Name			Categoi Type					-	65	0.00	
	Office Sought: House Disbursen	nent For:		туре					7			
		Primary	General									
		Other (spe	ecify) 🔻									
	State: District:											
В.	Full Name (Last, First, Middle Initial)					Data of	f Disbur	cama	nt			
υ.	Cooperative of American Physician	ıs				M = M	_	seme		Y	V	
	Mailing Address 333 S Hope St 8th Floor					11	[' []	07		2012		
	,	State CA	Zip Code 90071			Trans	action	ID : 2	1B-59-N			
	Los Angeles Purpose of Disbursement	<u> </u>	90071									
	In-Kind: Legal & Accounting Services					Amount	t of Eac	h Dis	burseme	nt this	Period	
	Candidate Name			Categor	ry/					90	0.00	
	Office Cought.			Туре			7	-	7	90	0.00	
	Office Sought: House Disbursen Senate	nent For: Primary	General									
		Other (spe										
	State: District:	(-1	<i>₹</i>									
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C.	Craig Brown Governmental Relatio	ns				Date of	Disbur	seme	nt			
	Mailing Address 1424 Street #402				—	10	/ D	31		у Г у 2012	Y	
	Mailing Address 1121 L Street, #103					10	4	VΙ		-U 1Z	_	
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		CA	95814			iiaiis	aciiOii	۷ . ۷	14J			
	Purpose of Disbursement Consultant: State Public Policy			007		Δ		F D.	 -		Davis	
	Candidate Name				n/	Amoun	t of Eac	n Dis	burseme	nt this	Period	
				Categoi Type					40.	500	0.00	
	Office Sought: House Disbursen								7			
		Primary	General									
	State: President State:	Other (spe	ecity) 🔻									
	Otato. District.											
s	UBTOTAL of Disbursements This Page (optional)									6550	0.00	
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SC	CHEDULE B (FEC Form 3X)					LINE NUMBER: PAGE 9 OF 26							
	EMIZED DISBURSEMENTS		arate schedule(s)			nly one)						<u> </u>	
			category of the Summary Page	_ i `	21b	22		23		24	25		26
		Detailed	ourillary rage		27	28a		28b		28c	29		30b
An	y information copied from such Reports and Staten	nents may i	not be sold or us	sed by an	y perso	n for the	pur	pose o	of so	liciting	contrib	utions	
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ie and addi	ress of any politi	cai comm	ittee to	SOIICIT CO	ontric	outions	iron	1 Such	commi	nee.	
$ \rangle$	Cooperative of American Physician	s IF Co	mmittee										
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^	Full Name (Last, First, Middle Initial)					Date o	of Di	oburoo	man				
Α.	Global Strategy Group LLC			M N			D		Y	V			
	Mailing Address 895 Broadway, 5th Floor					11		0	_		2012		
	City	State	Zip Code			T		ion ID	- 041				
	New York	NY	10003			iran	sact	ion iD	: 211	3-13 <i>1</i>			
	Purpose of Disbursement Federal Polling			005		Δmour	nt of	Fach	Dieh	urseme	ant this	Pario	Ч
	Candidate Name			Catego	_	, unious	. 0.	Lacii	D100	diodillo		1 0110	
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	Office Sought: House Disbursen												
	Senate President	Primary Other (spec	General										
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	Full Name (Last, First, Middle Initial)												
В.	Labels & Lists, Inc.					Date of	of Di	sburse	men	t			
	Mailing Address, 0500 440th Ave NE					10 25 2012							
	Mailing Address 2500-116th Ave NE					10	-	2	5		2012	-	
	•	State	Zip Code			Tran	sact	ion ID	: 21	B-154-9	 S		
	Bellevue Purpose of Disbursement	WA	98004										
	Mailing List			006		Amour	nt of	Each	Disb	urseme	ent this	Perio	d
	Candidate Name			Catego	rv/			-			000	00.00	П
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	Full Name (Last, First, Middle Initial)												
C.	EMAR					Date of	of Di	sburse	ment	t			
	Mailing Address 1025 W Laurel Ste 104					10	/	2	D 5		2012	Y	
	IVIAIIIII Address 1025 W Laurer Ste 104					10			3		2012		
	,	State	Zip Code			Tran	sact	ion ID	: 21	B-155-S	 S		
	San Diego Purpose of Disbursement	CA	92101										
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	Candidate Name			Catego	rv/	Airioui	. 01	Laon	DIOD	discillo			
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	Cooperative of American Physician	s IE Co	mmittee								
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A.	Mailing Pros Inc.					Disbursem					
	Mailing Address 5261 Business Dr				10	25		2012	Y		
	City	State	Zip Code		Tranca	otion ID :	21B-156-S				
	Huntington Beach	CA	92649		iransa	ction iD :	Z1B-156-5				
	Purpose of Disbursement Mailing Services			006	Amount	of Each D	isburseme	nt this I	Period		
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_	Full Name (Last, First, Middle Initial)										
В.	Holland & Knight LLP					Disbursem					
	Mailing Address Post Office Box 864084				м = м 10	25		2012	Υ		
	FUSI OHICE BUX 804084				10	23	4	-U12			
		State	Zip Code		Transa	ction ID :	21B-134				
	Orlando Purpose of Disbursement	FL	32886				. .				
	Federal Public Policy Consultant			001	Amount	of Each D	isburseme	nt this I	Period		
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C.	Holland & Knight LLP				Date of	Disbursem	ent				
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	Mailing Address Post Office Box 864084				11	20	نا ا	2012			
	City	State	Zip Code		_						
	Orlando	FL	32886		Transa	ction ID :	21B-159				
	Purpose of Disbursement Federal Public Policy Consultant			001							
	Candidate Name			001	Amount	of Each D	isburseme	nt this I	Period		
	Candidate Name			Category/ Type				5039	9.32		
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 11 OF 26						
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NAME OF COMMITTEE (In Full)									
$ \; angle$ Cooperative of American Physic	ans IE Committee								
Full Name (Last, First, Middle Initial)		ı							
A. A. Peter Kezirian			Date of Disbursement						
··· A. FEIEI NEZIIIdII			M M / D D / Y Y Y Y						
Mailing Address 333 South Hope Street, 8th Flo	or		10 30 2012						
City	State Zip Code		Transaction ID : 21B-142						
Los Angeles Purpose of Disbursement	CA 90071								
Food & Lodging		001	Amount of Each Disbursement this Period						
Candidate Name			5. 235. 2.55d.comon. tillo 1 onod						
		Category/ Type	1141.01						
Office Sought: House Disbu	sement For:								
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B. NMB Research, LLC			M M / D D / Y Y Y Y						
Mailing Address 206 N Fayette St			10 25 2012						
City	State Zip Code		Transaction ID : 21B-168						
Alexandria Purpose of Disbursement	VA 22314								
Polling		005	Amount of Each Disbursement this Period						
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President	Other (specify)								
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Full Name (Last, First, Middle Initial)			Date of Disbursement						
C. NMB Research, LLC			M M / D D / Y Y Y Y						
Mailing Address 206 N Fayette St			11 05 2012						
City	State Zip Code		Transaction ID : 21B-148						
Alexandria Purpose of Disbursement	VA 22314								
Polling		005	Amount of Each Disbursement this Period						
Candidate Name									
		Category/ Type	22000.00						
Office Sought: House Disbu	sement For:								
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President	Other (specify) ▼								
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Δ	Full Name (Last, First, Middle Initial)					Data of	f Disbur	como	nt		
Α.	NMB Research, LLC					Date of		Seme		Y Y	V
	Mailing Address 206 N Fayette St					11		05		2012	
		State VA	Zip Code 22314			Trans	action	ID : 21	IB-149		
	Alexandria Purpose of Disbursement	VA	22314								
	Polling			005		Amount	t of Eac	h Dis	burseme	nt this	Period
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	015			Type			7		7	22000	J.UU
	Office Sought: House Disbursen		Conoral								
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В.	NMB Research, LLC					Date of	f Disbur	seme	nt		
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	Mailing Address 206 N Fayette St					11	-	05		2012	
	City	State	Zip Code			Trans	action	ID • 2	1B-150		
	Alexandria	VA	22314			ITAIIS	action	ID . Z	10-130		
	Purpose of Disbursement Polling			005		Amount	t of Fac	h Dis	burseme	nt this	Period
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				Categor Type	'y/				-	2200	0.00
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C.	NMB Research, LLC					Date of	f Disbur	seme	nt		
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	Mailing Address 206 N Fayette St					11	J L	05		2012	
	City	Stato	Zin Codo								
	•	State VA	Zip Code 22314			Trans	action	ID : 2	1B-151		
	Purpose of Disbursement				\neg						
	Polling			005		Amount	t of Eac	h Dis	burseme	nt this	Period
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		Primary	General								
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_	State: District:		<u> </u>								
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I \	OF COMMITTEE (In Full)					
Coo	perative of American Physic	cians IE Committee				
	ame (Last, First, Middle Initial)					
A. NMI	B Research, LLC			Date of D	isbursement	
Mailing	g Address 206 N Fayette St			11	05 2012	
City		State Zip Code		Transac	tion ID : 21B-152	
Alexar		VA 22314		ITAIISAC	HOIT ID . 210-132	
Purpos	se of Disbursement 9		005	Amount of	f Each Disbursement this Period	
Candid	date Name		Category/		36000.00	
Office	Sought: House Disbu	ursement For:	Туре			
011100	Senate	Primary General				
	President	Other (specify)				
State:	District:					
	ame (Last, First, Middle Initial)					
R. MMI	B Research, LLC			Date of D	isbursement	
Mailing	g Address 206 N Fayette St			11	05 2012	
City		State Zip Code				
Alexar	ndria	VA 22314		Transac	tion ID : 21B-153	
Purpos Pollin	se of Disbursement		005	Amount of	f Each Disbursement this Period	
Candid	date Name		Category/			
			Type		22000.00	
Office		irsement For:				
	Senate	Primary General				
State:	President District:	Other (specify) ▼				
Full N	ame (Last, First, Middle Initial)					
c. Way	ne Ordos, Attorney at Law			Date of D	isbursement	
Mailing	iling Address 1415 L St Ste 410			11	07 2012	
City		State Zip Code		Transac	tion ID : 21B-158	
Sacrar		CA 95814		Transac	MON ID . 21B-130	
	se of Disbursement Services		001			
Candid	date Name			Amount of	f Each Disbursement this Period	
			Category/ Type		6500.00	
Office	Sought: House Disbu	ursement For:	1		,	
	Senate	Primary General				
Ctoto	President	Other (specify) ▼				
State:	District:					
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TOTAL	This Period (last page this line number	only)			190052.33	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE		OF	_0
FOR L	INE 24	OF F	ORM 3X

	TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee	FEC IDENTIFICATION NUMBER ▼
	C C00492116
Check if 24-hour report 48-hour report New report Amends report fi	iled on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee HSG Campaigns LLC	Date
Mailing Address 325 Cordova St Ste 320	10 23 2012 Amount
City Ctata Zin Coda	
City State Zip Code Pasadena CA 91101	9193.28
Durnoss of Evpanditure	Transaction ID : E-130 Office Sought: House State: CA
Mailer Category/ Type 011	Senate District: 16
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Jim Costa C	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 43995.34	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee HSG Campaigns LLC	Date 10 23 2012
Mailing Address 325 Cordova St Ste 320	Amount
City State Zip Code	9193.28
Pasadena CA 91101	Transaction ID : E-131
Purpose of Expenditure Category/ Type 011	Office Sought: House State: CA
	President District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Jim Costa C	Check One: Support Oppose
Calendal fedi-10-Date Fel Election	Disbursement For: Primary General 012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	18386.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Kirk Pessner [Electronically Filed] Date	11 26 2012
Signature	

Signature

SCHEDULE E (FEC FORM 3X)	5:05 45 05 00
FEMIZED INDEPENDENT EXPENDITURES	PAGE 15 OF 26 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians IE Committee	
	C C00492116
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee HSG Campaigns LLC	Date
Mailing Address 325 Cordova St Ste 320	10 22 7 2012
	Amount
City State Zip Code	9193.28
Pasadena CA 91101	
Purpose of Expenditure	Transaction ID : E-126 Office Sought:
Mailer Category/ Type 011	Senate District: 16
Name of Federal Candidate Supported or Opposed by Expenditure:	President ————
Jim Costa	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 43995.34	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee PJM Creative	Date 10 25 2012
Mailing Address 1600 Countrywood Ct	Amount
City State Zip Code Walnut Creek CA 94598	34985.98 Transaction ID : E-133
Purpose of Expenditure Mailer Category/ Type 011	Office Sought: House State: CA Senate District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: Abel Maldonado	Check One: President Oppose
Calendar Year-To-Date Per Election for Office Sought 69971.96	Disbursement For: Primary General Other (specify)
	<u> </u>
(a) SUBTOTAL of Itemized Independent Expenditures	44179.26
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Kirk Pessner [Electronically Filed] Date	11 26 2012

17

Kirk Pessner

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 16 OF 26
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee	FEC IDENTIFICATION NUMBER ▼ C C00492116
	report filed on
Full Name (Last, First, Middle Initial) of Payee PJM Creative	Date 10 26 2012
Mailing Address 1600 Countrywood Ct	Amount
City State Zip Code Walnut Creek CA 94598	34985.98 Transaction ID : E-139
Purpose of Expenditure Mailer Category/ Type 011	Office Sought: House State: CA Senate District: 24 President
Name of Federal Candidate Supported or Opposed by Expenditure: Abel Maldonado	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 69971.96	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Revolution Media Group	Date 10 25 2012
Mailing Address 1020 Princess St	Amount
City State Zip Code Alexandria VA 22314	15981.67 Transaction ID : E-136
Purpose of Expenditure Radio & Television Advertisement Category/ Type 011	Office Sought: House State: CA Senate District: 52 President
Name of Federal Candidate Supported or Opposed by Expenditure: Brian Bilbray	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 105981.67	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	50967.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······ >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	

[Electronically Filed]

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Date

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	17	OF	26
FOR	LINE 24	OF F	26 ORM 3X

	TOTT EINE 24 OF TOTAIN 3X
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee	FEC IDENTIFICATION NUMBER ▼
Cooperative of American's hysicians in Committee	C C00492116
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Revolution Media Group	Date
Nevolution Media Group	M M / D D / Y Y Y Y
Mailing Address 1020 Princess St	10 19 2012
	Amount
City State Zip Code Alexandria VA 22314	90000.00
	Transaction ID : E-123
Purpose of Expenditure Radio & Television Advertising Category/ Type 011	Office Sought: House State: CA
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 52
	Check One: Support Oppose
Colonday Vess To Data Day Floation	Disbursement For: Primary X General
	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Revolution Media Group	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess St	
City. Chate 7in Code	Amount
City State Zip Code Alexandria VA 22314	1516.92
Purpose of Expenditure Category/	Transaction ID : E-147 Office Sought: House State: NE
Radio Advertisement 011 Type 011	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Bob Kerrey	Check One: Support Oppose
Galeridai fedi-10-Dale Fei Election	Disbursement For: Primary General
for Office Sought 71516.92	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	91516.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) CODICIAL OF CHROMIZON MOSPENDON Expenditures	7 7
(c) TOTAL Independent Expenditures	
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of a party committee) any political party committee or its agent.	
Kirk Pessner [Electronically Filed] Date	11 26 2012
Signature	20 2012

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age# 12903001436						
CHEDULE E (FEC Form 3X)						
EMIZED INDEPENDENT EXPENDITUR	ES				PAGE 18	OF 26
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AME OF COMMITTEE (In Full)				Fi	EC IDENTIFICATION	ON NUMBER ▼
Cooperative of American Physician	s IE Comr	nittee				OK KOMBELL V
,					C00492116	11
heck if 24-hour report 48-hour report	New	v report Amends	s report fil	led on	M / D D /	Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee				Date		
Revolution Media Group						
<u></u>				M 10		2012
Mailing Address 1020 Princess St						
1				Amount		
City	State	Zip Code				
Alexandria	VA	22314				2288.77
					on ID : E-140	01-1-
Purpose of Expenditure Radio/TV Advertising		Category/ 011		Office Sought:	House	State: NV
Radio/ I v Advertising		Type			Senate	District:
Name of Federal Candidate Supported or Oppo	sed by Expend	liture:			President	
Shelley Berkley	00a 0, <u>-</u>	nta.o.	CI	heck One:	Support	X Oppose
Online, Bernie,						
Calendar Year-To-Date Per Election				isbursement F	For: Primary	General
for Office Sought		169169.65	201	12 Othe	r (specify)	
Full Name (Last, First, Middle Initial) of Payee				Date		
Revolution Media Group				M		YYYY
Mailing Address				11		2012
Mailing Address 1020 Princess St						
				Amount		
City	State	Zip Code	_			70000.00
Alexandria	VA	22314		Timeset	ID 5 444	70000.00
Purpose of Expenditure			0	Transacti Office Sought:	on ID : E-144 House	State: NE
Radio/Television Advertising		Category/ Type 011		illoo ooagi		
		туре			Senate	District:
Name of Federal Candidate Supported or Oppo	sed by Expend	diture:			President	-
Bob Kerrey			CI	heck One:	Support	Oppose
<u> </u>						
Calendar Year-To-Date Per Election		71516.92	Di 20	isbursement l		General
for Office Sought		71010.82		Othe	r (specify)	
<u> </u>						-
(a) SUBTOTAL of Itemized Independent Expend	itures					72288.77
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(b) SUBTOTAL of Unitemized Independent Expe	anditurae					
(b) SOBTOTAL OF OTHER HIZER HIREPORTER EXPO	Hullules			·		
(c) TOTAL Independent Expenditures				. " "		
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Under penalty of periury Leartify that the indepen	andont avacadi	tures reported barein	wara not	mada in aca	noration conculta	tion or concert

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kirk Pessner	[Electronically Filed]	Date	M = M /	26	2012
Signature					

17

Kirk Pessner

Signature

	CHEDULE E (FEC Form 3X)			
ΓΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 19 FOR LINE 2	OF 26 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	F	EC IDENTIFICATI	ON NUMBER ▼
С	Cooperative of American Physicians IE Committee		C C00492116	
_ Ch	heck if 24-hour report 48-hour report New report Amends report	t filed on	M / D D /	Y Y Y Y Y
	Full Name (Last, First, Middle Initial) of Payee Revolution Media Group	Date		Y
	Mailing Address 1020 Princess St	Amount	0 18	2012
	City State Zip Code	\dashv		2122.00
	Alexandria VA 22314	Transporti	'D F 465	2180.88
	Purpose of Expenditure Radio & Television Advertising Category/ Type 011	Office Sought:	X Senate	State: NV District:
	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	Shelley Berkley	Check One:	Support	X Oppose
	Calendar Year-To-Date Per Election for Office Sought 169169.65 2	Disbursement 2012 Othe	For: Primary er (specify)	General
	Full Name (Last, First, Middle Initial) of Payee Revolution Media Group Mailing Address 1020 Princess St	Date 10	D 18	^Y ^Y ^Y ^Y ^Y ^Y 2012
	1020 1 1110000 00	Amount		
	City State Zip Code			10614.86
-	Alexandria VA 22314	Transact	ion ID : E-167	10014.00
	Purpose of Expenditure Radio & Television Advertising Category/ Type 011	Office Sought:	House Senate	State: IN District: 02
	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	Joe Donnelly	Check One:	Support	X Oppose
	Calendar Year-To-Date Per Election for Office Sought 252614.86	Disbursement 2012 Othe	For: Primary er (specify)	General
	(a) SUBTOTAL of Itemized Independent Expenditures	·	7	12795.74
	(b) SUBTOTAL of Unitemized Independent Expenditures	•	7	
_	(c) TOTAL Independent Expenditures	-	7 7	
	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.			

[Electronically Filed]

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Date

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Kirk Pessner

Signature

SCHEDULE E (FEC Form 3				_		
TEMIZED INDEPENDENT EXPENI	DITURES				PAGE 20 FOR LINE 2	OF 26 4 OF FORM 3X
NAME OF COMMITTEE (In Full)						ON NUMBER ▼
Cooperative of American Phys	sicians IE Comm	ittee			00492116	NY NOMBELLY
Check if 24-hour report 48-hour	report New	report Amends repo		/ M /	D	Y
Full Name (Last, First, Middle Initial) of Revolution Media Group	Payee		Date	/ 10 /	D D /	Y
Mailing Address 1020 Princess St			Amou	10 nt	18	2012
City Alexandria	State VA	Zip Code 22314	Transa	ction ID :	: E-166	1308.39
Purpose of Expenditure Radio & Television Advertising		Category/ Type 011	Office Soug	ht:	House Senate President	State: MT District:
Name of Federal Candidate Supported Jon Tester	or Opposed by Expendit	rure:	Check One:		Support	Oppose
Calendar Year-To-Date Per Election for Office Soug		136822.83	Disburseme 2012 O	nt For:	Primary cify)	General
Full Name (Last, First, Middle Initial) of Revolution Media Group	Payee		Date	10 /	30	2012
Mailing Address 1020 Princess St			Amou	ınt		
City Alexandria	State VA	Zip Code 22314	Transa	action ID	: E-141	1414.44
Purpose of Expenditure Radio/TV Advertising		Category/ Type 011	Office Soug	ht:	House Senate	State: MT District:
Name of Federal Candidate Supported Jon Tester	or Opposed by Expendit	ture:	Check One:	:	President Support	Oppose
Calendar Year-To-Date Per Electio for Office Sougl		136822.83	Disburseme 2012 O	nt For:	Primary cify)	General
(a) SUBTOTAL of Itemized Independent	Expenditures		•			2722.83
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		·· •	7		
(c) TOTAL Independent Expenditures			. •	-7-	7	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee	any candidate or authori					

[Electronically Filed]

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Date

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SCH ITEN

	ge# 12963001441				
TE	HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES			PAGE 21 FOR LINE	OF 26 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FE	C IDENTIFICAT	ION NUMBER ▼
C	poperative of American Physicians IE Committee		C	C00492116	
Ch	eck if 24-hour report 48-hour report New report Amends repo	ort filed o	on M	M / D D /	Y = Y = Y = Y
	Full Name (Last, First, Middle Initial) of Payee Chris Jones Consulting	1	Date		/ Y Y Y Y
	Mailing Address 3245 Granite Creek PI		11 Amount	02	2012
	City State Zip Code		· · ·		4939.98
	Newcastle CA 95658	Т	ransactio	on ID : E-146	
	Purpose of Expenditure Telephone Calls Category/ Type 011	Office	Sought:	House Senate	State: CA District: 36
	Name of Federal Candidate Supported or Opposed by Expenditure:	<u> </u>		President	
	Mary Bono Mack	Check	One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 87186.87	Disbur 2012	sement F	For: Primary	General
	Full Name (Last, First, Middle Initial) of Payee Chris Jones Consulting		Date		/ Y Y Y Y Y
	Mailing Address 3245 Granite Creek PI		10 Amount	18	2012
	City State Zip Code				15499.60
	Newcastle CA 95658		ransacti	on ID : E-162	13499.00
	Purpose of Expenditure Mailer Category/ Type 011		Sought:	X House Senate	State: CA District: 08
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	Paul Cook	Check	One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 87186.87	Disbur 2012	sement F	For: Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures	·· • [7 7	20439.58
	(b) SUBTOTAL of Unitemized Independent Expenditures			7 7	
	(c) TOTAL Independent Expenditures			7 1 7	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kirk Pessner	[Electronically Filed]	Doto	M = M /	26	/	2012
Signature		Date		20		2012

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	22	OF	26 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

	TOTT EINE 24 OF TOTAIN 3X
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee	FEC IDENTIFICATION NUMBER ▼
·	C C00492116
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Chris Jones Consulting	Date
	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3245 Granite Creek PI	Amount
City State Zip Code	
Newcastle CA 95658	17583.00
Purpose of Evpanditure	Transaction ID : E-163 Office Sought: House State: CA
Purpose of Expenditure Mailer Category/ Type 011	Office Sought: House State: CA Senate District: 36
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Chris Jones Consulting	M M / D D / Y Y Y
Mailing Address 3245 Granite Creek PI	10
City State Zip Code	
Newcastle CA 95658	26879.87
Diversity of Eventuality we	Transaction ID : E-138 Office Sought:
Purpose of Expenditure Mailer Category/ Type 011	Senate District: CA Senate District: 36
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Mary Bono Mack	Check One: Support Oppose
Calendar fear-10-Date Fer Election	Disbursement For: Primary General 012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	44462.87
(b) SUBTOTAL of Unitemized Independent Expenditures	•
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of experty committee) any political party committee or its agent.	
Kirk Pessner [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = 1
Signature	

Kirk Pessner

Signature

SCHEDU **ITEMIZED**

	NDITURES					PAGE 23 FOR LINE	OF 26 24 OF FORM 3X
E OF COMMITTEE (In Full)	_				FEC II	DENTIFICATI	ON NUMBER ▼
operative of American Ph	ysicians IE Comr	nittee			С	C00492116	
ck if 24-hour report 48-ho	ur report Nev	w report	Amends repo		и = м	/ D = D /	Y Y Y Y Y
Full Name (Last, First, Middle Initial) Chris Jones Consulting	of Payee			Date	M M	/ D D /	Y Y Y Y
Mailing Address 3245 Granite Creek	PI			Amou	10	25	2012
City	State	Zip Code		741100			
Newcastle	CA	95658				D : E-132	18853.74
Purpose of Expenditure Mailer		Category/ Type	011	Office Soug	Jht: >	House Senate	State: CA District: 36
Name of Federal Candidate Supporte Mary Bono Mack	d or Opposed by Expend	diture:		Check One	: >	President Support	Oppose
Calendar Year-To-Date Per Elec for Office So		871	36.87	Disburseme	ent For: other (sp	Primary	General
Full Name (Last, First, Middle Initial) Chris Jones Consulting	of Payee			Date	M 10	/ 31	2012
Mailing Address 3245 Granite Creek	PI			Amou	-	31	2012
City Newcastle	State CA	Zip Code 95658		Transa	action II	D : E-143	3430.68
Purpose of Expenditure Telephone Calls		Category/ Type	011	Office Soug	jht:	House Senate	State: CA District: 36
Name of Federal Candidate Supporte	d or Opposed by Expend	diture:		1		President	_
Mary Bono Mack				Check One	: >	Support	Oppose
Calendar Year-To-Date Per Elec for Office Sou		871	36.87	Disburseme 2012	ent For: other (sp	Primary Pecify)	General
a) SUBTOTAL of Itemized Independe	nt Expenditures						22284.42
	·			, <u>-</u>		7	-
o) SUBTOTAL of Unitemized Indepen	ndent Expenditures			·· •	-	7	
e) TOTAL Independent Expenditures.				· • [

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Date

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Kirk Pessner

Signature

	CHEDULE E (FEC Form 3X)	
TE	EMIZED INDEPENDENT EXPENDITURES	PAGE 24 OF 26 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
C	Cooperative of American Physicians IE Committee	C C00492116
_ Cr	heck if 24-hour report 48-hour report New report Amends report	ort filed on
	Full Name (Last, First, Middle Initial) of Payee Government Graphics	Date
	Mailing Address 1101 30th St NW Ste 500	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Chata Zin Coda	Amount
	City State Zip Code Washington DC 20007	48994.00 Transaction ID : E-125
	Purpose of Expenditure Mailer Category/ Type 011	Office Sought: House State: CA Senate District: 26
	Name of Federal Candidate Supported or Opposed by Expenditure: Tony Strickland	Check One: President Oppose
	Calendar Year-To-Date Per Election 97988.00	Disbursement For: Primary General 2012 Other (specify)
	Full Name (Last, First, Middle Initial) of Payee Government Graphics Mailing Address 1101 30th St NW Ste 500	Date 10 / 22 / 2012
		Amount
	City State Zip Code Washington DC 20007	48994.00 Transaction ID : E-127
	Purpose of Expenditure Mailer Category/ Type 011	Office Sought: House State: CA Senate District: 26
	Name of Federal Candidate Supported or Opposed by Expenditure: Tony Strickland	Check One: Support Oppose
	Calendar Year-To-Date Per Election for Office Sought 97988.00	Disbursement For: Primary General 2012 Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	> 97988.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	· • · · · · · · · · · · · · · · · · · ·
	(c) TOTAL Independent Expenditures	•
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	•

[Electronically Filed]

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Date

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SCH ITEN

	ge# 12963001445				
	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE 25 FOR LINE	OF 26 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ION NUMBER ▼
С	ooperative of American Physicians IE Com	nmittee		C C00492116	
Ch	eck if 24-hour report 48-hour report Ne	ew report Amends repo	ort filed on	" M / D " D /	Y I Y I Y I Y
	Full Name (Last, First, Middle Initial) of Payee Nonbox			10 23	2012
	Mailing Address 5307 S 92nd St			10 23	2012
			Amour	nt	
	City State	Zip Code			92979.00
	Hales Corners WI	53130	Transac	ction ID : E-129	32373.00
	Purpose of Expenditure Radio Advertisement	Category/ Type 011	Office Sough		State: WI District:
	Name of Federal Candidate Supported or Opposed by Exper	enditure:	Chaok Ono:		✓ Onnoco
	Tammy Baldwin		Check One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	187610.05	Disbursemen 2012 Oth	nt For: Primary her (specify)	General
	Full Name (Last, First, Middle Initial) of Payee Nonbox			10 23	2012
	Mailing Address 5307 S 92nd St		Amour		2012
	City State	Zip Code			92979.00
	Hales Corners WI	53130	Transac	ction ID : E-128	02010.00
	Purpose of Expenditure Radio Advertisement	Category/ Type 011	Office Sough	House Senate	State: WI
	Name of Federal Candidate Supported or Opposed by Exper	enditure:	1	President	
	Tammy Baldwin		Check One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	187610.05	Disbursemen 2012 Ott	nt For: Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures		· [7 7	185958.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	. 7 7	
	(c) TOTAL Independent Expenditures		· •	. 7	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kirk Pessner [Electronically Filed] 2012 11 26 Date Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

		IE 24 OF FORM 3X
FEC		ATION NUMBER ▼
С	C004921	
М	/ D D	/
lo ^M	25	2012
		1652.05
tion ::	ID : E-137 House Senate Preside	State: WI District:
	Suppor	t Dppose
For er (s	Prima	ary General
= м =	/ D D	/ Y # Y # Y # Y
	-9-	7
t:	House Senate Preside	State: District: nt
	Suppor	t Oppose

Cooperative of American Physicians IE Committee Check if 24-hour report 48-hour report New report Amends report filed on Manual Pull Name (Last, First, Middle Initial) of Payee Nonbox Mailing Address 5307 S 92nd St City State Zip Code Hales Corners WI 53130 Purpose of Expenditure Radio Advertisement Category/ Type 011 Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin City State Zip Code Toffice Sought: Senate District: President Category/ Type 011 Check One: Support X Opposed Supported Opposed by Expenditure:	05 WI ose
Check if 24-hour report 48-hour report New report Amends report filed on Full Name (Last, First, Middle Initial) of Payee Nonbox Mailing Address 5307 S 92nd St City State Zip Code Hales Corners WI 53130 Purpose of Expenditure Radio Advertisement Purpose of Federal Candidate Supported or Opposed by Expenditure: Name of Federal Candidate Supported or Opposed by Expenditure:	05 WI ose
Nonbox Mailing Address 5307 S 92nd St City State Zip Code Hales Corners WI 53130 Transaction ID: E-137 Purpose of Expenditure Radio Advertisement Name of Federal Candidate Supported or Opposed by Expenditure: Name of Federal Candidate Supported or Opposed by Expenditure:	05 WI ose
Mailing Address 5307 S 92nd St City State Zip Code Hales Corners WI 53130 Purpose of Expenditure Radio Advertisement Category/ Type 011 Name of Federal Candidate Supported or Opposed by Expenditure: Mailing Address 5307 S 92nd St Amount Category/ Transaction ID : E-137 Category/ Type 011 Name of Federal Candidate Supported or Opposed by Expenditure:	05 WI ose
Mailing Address 5307 S 92nd St City State Zip Code Hales Corners WI 53130 Purpose of Expenditure Radio Advertisement Category/ Type 011 Name of Federal Candidate Supported or Opposed by Expenditure: Amount Category/ Type 011 Category/ Type 011 Name of Federal Candidate Supported or Opposed by Expenditure:	05 WI ose
City State Zip Code Hales Corners WI 53130 Transaction ID : E-137 Purpose of Expenditure Radio Advertisement Category/ Type 011 Name of Federal Candidate Supported or Opposed by Expenditure:	WI
Hales Corners WI 53130 Transaction ID : E-137 Purpose of Expenditure Radio Advertisement Category/ Type Office Sought: House State: Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure:	WI
Purpose of Expenditure Radio Advertisement Category/ Type Office Sought: House State: Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure:	ose
Radio Advertisement Category/ Type O11 Name of Federal Candidate Supported or Opposed by Expenditure: Category/ Type O11 President District: President	ose
Name of Federal Candidate Supported of Opposed by Expenditure:	
Tommy Boldwin	
Tammy Baldwin Check One: Support Opp	eral
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date	
M M / D D / Y Y	YY
Mailing Address	
Amount	
City State Zip Code	
Purpose of Expenditure Category/ Type Office Sought: House State: Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Opposed President Opposed Oppose	
Check One. Support	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger	eral
	=
(a) SUBTOTAL of Itemized Independent Expenditures	5
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	35
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poparty committee) any political party committee or its agent.	
Kirk Pessner [Electronically Filed] Date 11 26 2012	
Signature	